

SERIAL NO.

FILING DATE

APPLICANT(S)

09/230463

MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-878)

8/2/01 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8		1		1		1
9		2		1		1
10		2		1		1
11		0		4		1
12		0		4		1
13		0		0		1
14		0		0		1
15		0		0		1
16		0		0		1
17				0*		1
18					1	
19						1
20						1
21						1
22						1
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38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	7		7		1	
TOTAL DEP.		11		13		2
TOTAL CLAIMS	7	11	7	13	1	2

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						